

# AUTO CR - LOG SUMMARY #1072525

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that officers attempted to arrest the subject for various offenses. The subject refused to cooperate with the officers and struggled with the officers when they tried to handcuff him. When the subject continued to resist the officers, Officer Ritter deployed her Taser at him to gain compliance. The officers were able to take the subject into custody.	(None Entered)		

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	MULLINS, JAMES L			024 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
12-NOV-2014 11:27 - 12-NOV-2014 11:27		431	024	289 - RESIDENCE PORCH/HALLWAY	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

## Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Witness	JACKSON, DAWN R	2202		024 /	SERGEANT OF POLICE	F	BLK		
NON-CPD	Victim/Subject						M	BLK		
CPD Employee	Involved Member	RITTER, KATHRYN A	20154		024 /	POLICE OFFICER	F	WHI		
CPD Employee	Witness	BARRAZA, MARIA I	14804		024 /	POLICE OFFICER	F	WWH		
CPD Employee	Witness	TIM, JERAD			024 /	POLICE OFFICER	M	API		
CPD Employee	Witness	SMART, JESSICA L	4205		024 /	POLICE OFFICER	F	BLK		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship

## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

## Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days

## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments

## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding

## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	28-NOV-2014 11:53	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	28-NOV-2014 11:52	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	14-NOV-2014 11:20	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	14-NOV-2014 10:19	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	14-NOV-2014 09:51	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs Taser download.
PRELIMINARY	13-NOV-2014 07:53	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	13-NOV-2014 07:51	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs Taser download and final arrest report.
PRELIMINARY	13-NOV-2014 07:46	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	13-NOV-2014 03:32	MEDINA, JONATHAN	POLICE OFFICER	010 / 116	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					MEDINA, JONATHAN	13-NOV-2014 03:32			
	DOCUMENTS - INTAKE INCIDENT		2	PO Kathryn Ritter	N	HAYES, SHANNON	13-NOV-2014 07:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Maria Barraza	N	HAYES, SHANNON	13-NOV-2014 07:50	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Sgt Dawn Jackson	N	HAYES, SHANNON	13-NOV-2014 07:50	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Jerad Tim	N	HAYES, SHANNON	13-NOV-2014 07:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Jessica Smart	N	HAYES, SHANNON	13-NOV-2014 07:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		6	[REDACTED]	N	HAYES, SHANNON	14-NOV-2014 09:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	HAYES, SHANNON	14-NOV-2014 10:19	APPROVED		

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
	DOCUMENTS - INTAKE INCIDENT		4	████████ Public Peace Violation - Reckless Conduct; Assault - Aggravated:Knife/Cutting Instr; Criminal Damage - To Property; Interference With Public Officer - Resist/Obstruct/Disarm Officer	N	HAYES, SHANNON	13-NOV-2014 07:47	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks

## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks

## Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments

## Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments

## Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments

# FACE SHEET (Notification Date: 13-NOV-2014) - LOG #1072525

TYPE: INFO

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	MULLINS, JAMES L	[REDACTED]	024 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
12-NOV-2014 11:27 - 12-NOV-2014 11:27	[REDACTED]	2431	024	289 - RESIDENCE PORCH/HALLWAY	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	13-NOV-2014 03:32	MEDINA, JONATHAN	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	28-NOV-2014 11:53	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	28-NOV-2014 11:52	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	14-NOV-2014 11:20	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	14-NOV-2014 10:19	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	14-NOV-2014 09:51	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs Taser download.
PRELIMINARY	13-NOV-2014 07:53	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	13-NOV-2014 07:51	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs Taser download and final arrest report.
PRELIMINARY	13-NOV-2014 07:46	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	13-NOV-2014 03:32	MEDINA, JONATHAN	POLICE OFFICER	010 / 116	

CHICAGO POLICE DEPARTMENT  
**ORIGINAL CASE INCIDENT REPORT**

3510 S. Michigan Avenue, Chicago, Illinois 60653  
 (For use by Chicago Police Department Personnel Only)  
 CPD-11.388(6/03)-C

RD : [REDACTED]  
 Case ID: [REDACTED]  
 EVENT [REDACTED]

**INCIDENT** APPROVAL COMPLETE

IUCR: 0470 - Public Peace Violation - Reckless Conduct  
 0520 - Assault - Aggravated:Knife/Cutting Instr  
 1310 - Criminal Damage - To Property  
 3710 - Interference With Public Officer - Resist/Obstruct/Disarm Officer

Occurrence [REDACTED]	Beat: 2431	Unit Assigned: 2431R
Location: [REDACTED]		RO Arrival Date: 12 November 2014 23:04
090 - Apartment		# Offenders: 1
Occurrence Date: 12 November 2014 22:53		

**VICTIM - Individual**

Name: [REDACTED]	Demographics		
Res: [REDACTED]	Male	DOB: [REDACTED]	
Sobriety: Unknown	Black	Age: 47 Years	
CPD Officer: No	5'07, 195 lbs		
	Identification:		
	Type	State	Number
	State Id	Illinois	[REDACTED]

Other Communications and Availability

Cellular Phone : [REDACTED]

VICTIM - Individual	Police Officer
Name: JACKSON, Dawn 6464 N Clark St Chicago, Illinois 312 - 744 - 5907	Beat: 2432
Sobriety: Sober	
CPD Officer: Yes	

Other Communications and Availability

Residence Phone : 312-744-5907

VICTIM - Individual	Police Officer
Name: TIM, Jared	
Res: 6464 N Clark St	Beat: 2432
Sobriety: Sober	
CPD Officer: Yes	

Other Communications and Availability

Business Phone : 312-744-5907

WITNESS - Individual	Police Officer		
Name: [REDACTED]	Demographics		
Res: [REDACTED]	Female	DOB: [REDACTED]	
	Black	Age: 20 Years	
CPD Officer: No			

NON-OFFENDER(S)

Other Communications and Availability		
Cellular Phone : [REDACTED]		
WITNESS - Individual		
Name: [REDACTED]	Beat: 1524	
Res: [REDACTED]		
CPD Officer: No		
Demographics		
Male	DOB: [REDACTED]	
Black	Age: 24 Years	
Identification:		
Type	State	Number
State Id	Illinois	[REDACTED]

Other Communications and Availability		
Cellular Phone : [REDACTED]		
WITNESS - Individual		
Name: [REDACTED]	Beat: 2431	
Res: [REDACTED]		
CPD Officer: No		
Demographics		
Male	DOB: [REDACTED]	
Asian/Pacific Islander	Age: 42 Years	
5'07, 125 lbs		
Brown Hair		
Identification:		
Type	State	Number
State Id	Illinois	[REDACTED]

Other Communications and Availability		
Cellular Phone : [REDACTED]		
WITNESS - Individual		
Name: [REDACTED]	Beat: 2431	
Res: [REDACTED]		
CPD Officer: No		
Demographics		
Male	DOB: [REDACTED]	
Black	Age: 48 Years	
Identification:		
Type	State	Number
State Id	Illinois	[REDACTED]
Other Communications and Availability		
Cellular Phone : [REDACTED]		

Injury Info (JACKSON,Dawn - Victim )		
Extent: Minor		
CFD First Aid Given? Yes		Hospital: [REDACTED]
Responding Unit: AMBULANCE 56		
Physician Name: DR.		
Contact Person: JACKSON Dawn		
<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
None Visible	Hand/Feet/Teeth/Etc.	Other - Head

## Chicago Police Department - Incident Report

Suspect #1		In Custody	
SUSPECT(S)	Name: [REDACTED]	Demographics	
	Res: [REDACTED] Beat: 2411	Male Black 5'08, 170 lbs , Brown Eyes Brown Hair Short Hair Style Light Brown Complexion	DOB: [REDACTED] Age: 30 years Birth Place: Illinois State Id [REDACTED] Suspected of Using: Alcohol

RELATIONSHIP	Relationship		Status	
	JACKSON, Dawn	( Victim )	is a No Relationship of [REDACTED]	( Offender )
TIM, Jared	( Victim )	is a No Relationship of [REDACTED]	( Offender )	
	( Witness )	is a No Relationship of [REDACTED]	( Offender )	

OTHER	Miscellaneous	
	Victim Information Provided	Flash Message Sent ? No

OTHER PROPERTIES	Property #1		Possessor/User: [REDACTED]	
	Quantity: 1	Description: Black And Blue Box Cutter	Owner: [REDACTED]	Used as Weapon? Yes
Color: Black	Property Type: Tools		Taken/Stolen? No	
			Recovered? Yes	

NOTIFICATIONS	Request Type	Unit	Agency Name	Date	Star #	Name
	Notification	630	Detective Area - North	13 November 00:18	20824	TAKAKI,
	Other Notifications May Be In Narrative.					
Notification	116	Deployment Operations Center	13 November 02:08	10478	GOLDIE,	

NARRATIVES	Narrative						
	EVENT [REDACTED] IN SUMMARY, R/O'S RESPONDED TO A CALL OF ASSAULT IN PROGRESS AT APT. 213 OF ABOVE ADDRESS. UPON ARRIVAL R/O'S HEARD [REDACTED] (VICTIM AND COMPLAINANT) SCREAMING FROM THE INSIDE OF HIS APARTMENT SAYING HE WAS LOCKED IN AS HIS DOOR WAS "JAMMED UP" BECAUSE [REDACTED] (OFFENDER) HAD KICKED IT TRYING TO GAIN ENTRY AFTER HE WAS TOLD TO LEAVE. THERE WAS NO MANAGEMENT OR MAINTENANCE PERSONNEL IN BUILDING THAT COULD BE NOTIFIED AND MIGHT HAVE A KEY AND HELP WITH THE DOOR. BECAUSE FRONT DOOR IS THE ONLY DOOR TO THE APARTMENT AND IT COULD NOT BE OPENED. R/O'S REQUESTED HELP FROM CFD. CFD ENGINE 25 RESPONDED AND FORCED DOOR OPEN FOR APT 213. [REDACTED] STEPPED OUT AND THEN RELATED TO R/O'S THAT HIM ALONG WITH [REDACTED] (WITNESS), [REDACTED] (WITNESS), AND [REDACTED] (WITNESS) WERE IN THE APARTMENT WITH [REDACTED] (OFFENDER) JUST HAVING A GOOD TIME TALKING. [REDACTED] (WITNESS) STATED THAT [REDACTED] (WITNESS) IS A NEIGHBOR WHO HAS BEEN STAYING IN APARTMENT 207 WITH [REDACTED] (WITNESS) AND [REDACTED] (OFFENDER) HAD						

SHOWN UP EARLIER IN THE EVENING ALREADY DRUNK. [REDACTED] SAID THAT HIM AND HIS HUSBAND (WITNESS) DECIDED IT WAS TIME FOR THEM TO GET SOME SLEEP AS THEY HAD TO WORK THE NEXT MORNING. [REDACTED] TOLD [REDACTED] TO LEAVE HIS APARTMENT AND AT THIS TIME [REDACTED] BECAME IRATE AND THREATENED [REDACTED] WITH A KNIFE (BOX CUTTER). [REDACTED] ALSO RELATED THAT [REDACTED] STEPPED OUT OF THE APARTMENT BUT STARTED STRONGLY KICKING THE DOOR MULTIPLE TIMES. R/O'S SPOKE WITH [REDACTED] (WITNESS), WHO STATED THAT [REDACTED] (OFFENDER) HAD WENT BACK INSIDE APARTMENT 207 AFTER BEING AT APT. 213. R/O'S WALKED OVER TO APT. 207 AND ENCOUNTERED [REDACTED] (WITNESS), WHO STATED THAT HE ORIGINALLY CALLED THE POLICE WHEN HE HEARD PEOPLE SCREAMING SOMEWHERE IN THE HALLWAY NEAR HIS APARTMENT, BUT THEN LEARNED THAT IT WAS HIS FRIEND [REDACTED] (OFFENDER) WHO WAS INVOLVED IN THE ARGUMENT. [REDACTED] (WITNESS) STATED THAT [REDACTED] (OFFENDER) HAD WENT INSIDE HIS APARTMENT (207), BUT WANTED HIM TO LEAVE AFTER HE HAD CAUSED SAID DISTURBANCE. [REDACTED] TRIED TO OPEN HIS DOOR AND REALIZED THAT [REDACTED] (OFFENDER) HAD LOCKED HIMSELF INSIDE AND REFUSED TO OPEN THE DOOR. BOTH [REDACTED] AND R/O'S ASKED [REDACTED] TO OPEN THE DOOR AS WE NEEDED TO SPEAK WITH HIM. AFTER KNOCKING AND ASKING FOR HIM TO OPEN THE DOOR SEVERAL TIMES, [REDACTED] OPENED THE DOOR BUT REFUSED TO STEP OUT INTO HALLWAY WHEN ASKED, AND STATED THAT HE HAD DONE NOTHING WRONG. R/O'S REQUESTED [REDACTED] TO STEP OUT SEVERAL TIMES BEFORE HE DID. ONCE OUT IN THE HALLWAY, [REDACTED] SAT ON THE FLOOR. [REDACTED] WAS ASKED SEVERAL TIMES TO STAND UP, BUT HE REFUSED. BEAT 2406R PO'S RITTER 13154 AND TIM 8432, AND SARGEANT JACKSON (2410R) WERE ON SCENE AT THIS TIME AND ALSO ASKED [REDACTED] TO STAND UP. AFTER SEVERAL FAILED ATTEMPTS FOR [REDACTED] TO GET UP, R/O'S SMART 4205 AND TIM 8432 ASSISTED THE OFFENDER IN STANDING UP, AND WERE ABLE TO STAND HIM UP. AT THIS TIME R/O'S TRIED PLACING [REDACTED] INTO CUSTODY. [REDACTED] CLASPED HIS HANDS AND TIGHTENED UP HIS BODY. [REDACTED] WAS ASKED TO COOPERATE SEVERAL TIMES, BUT HE REFUSED. EMERGENCY TAKEDOWN WAS EXECUTED BY R/O'S SMART, AND TIM. A STRUGGLE ENSUED WHEN TRYING TO PLACE [REDACTED] IN HANDCUFFS. SARGEANT JACKSON, PO SMART, PO BARRAZA (14804) AND PO TIM TRIED TO CUFF THE OFFENDER, BUT ATTEMPTS FAILED. DURING THE STRUGGLE, PO TIM TRIED PULLING [REDACTED] CLASPED HANDS APART AND AS PO TIM ATTEMPTED THIS, PO TIM'S HEAD STRUCK SGT. JACKSON'S HEAD. PO TIM ALSO SUSTAINED A MINOR INJURY TO HIS LEFT FOOT BIG TOE AS IT GOT CAUGHT BETWEEN [REDACTED] BODY AND THE WALL. [REDACTED] CONTINUED TO RESIST AT WHICH POINT PO RITTER (13154) BEAT 2406 WARNED [REDACTED] SEVERAL TIMES THAT THE TASER WOULD BE DEPLOYED IF HE FAILED TO COMPLY WITH VERBAL COMMANDS. [REDACTED] (OFFENDER) FAILED TO COMPLY AT WHICH TIME PO RITTER DEPLOYED TASER. SUBSEQUENT TO TASER DEPLOYMENT [REDACTED] (OFFENDER) WAS PLACED INTO CUSTODY. [REDACTED] (OFFENDER) REFUSED MEDICAL ATTENTION. [REDACTED] WAS TRANSPORTED TO 024 FOR FURTHER PROCESSING. SGT. JACKSON WAS TRANSPORTED TO ST. FRANCIS WITH MINOR INJURIES BY AMBULANCE 56, AND PO TIM TRANSPORTED HIMSELF TO ST. FRANCIS. BOTH SGT. JACKSON AND PO TIM WERE TREATED AND RELEASED. TASER PRONGS FELL FROM OFFENDER AND WERE SUBSEQUENTLY RECOVERED BY PO RITTER AND INVENTORIED IN 024 DISTRICT UNDER INVENTORY [REDACTED] VICTIM INFORMATION GIVEN. COURT INFORMATION: BRANCH 42-4 ON 19NOV2014

NOTIFICATION: SERGEANT J MULLINS Beat#: Star#: 2601 Emp#: Date: 13-NOV-2014 Time: 2319 ONS

- STAR#: 14804 NAME: MARIA BARRAZA BEAT: 2431R
- STAR#: 4205 NAME: JESSICA SMART BEAT: 2431R
- STAR#: 2202 NAME: DAWN JACKSON BEAT: 2410R
- STAR#: 13154 NAME: KATHRYN RITTER BEAT: 2406R
- STAR#: 8432 NAME: JERAD TIM BEAT: 2406R
- STAR#: 14598 NAME: JOEL ALGARIN BEAT: 2472R
- STAR#: 14727 NAME: BRENDAN SHIELDS BEAT: 2472R

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	14804	[REDACTED]	BARRAZA, Maria, I	[REDACTED]	13 Nov 2014 05:59	024	2431R

Victim	IUCR	Crime	Offender
[REDACTED]	0520	Assault - Aggravated:Knife/Cutting Instr	[REDACTED]
[REDACTED]	1310	Criminal Damage - To Property	[REDACTED]
JACKSON	0470	Public Peace Violation - Reckless Conduct	[REDACTED]
JACKSON	3710	Interference With Public Officer - Resist/Obstruct/Disarm Officer	[REDACTED]

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED  SUBJECT INFORMATION	1. DATE OF INCIDENT		TIME		2. ADDRESS OF OCCURRENCE				3. LOCATION CODE		4. BEAT/OCCUR	
	12-NOV-2014		23:22:00		[REDACTED]				289		2431	
	5. POSITION	6. LAST NAME	7. FIRST NAME	8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.			
	9161	BARRAZA	MARIA I	14804	<input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	WWH	[REDACTED]	506	127			
	14. DATE OF APPT.	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?						
	31-AUG-2012	[REDACTED]	024   2431R	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.				
	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK	[REDACTED]	508	170				
	28. ADDRESS	29. TELEPHONE NO.	30. WAS SUBJECT ARMED?	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED?	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY?	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION	<input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized	<input type="checkbox"/> 04 Not Hospitalized	<input checked="" type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 05 Refused Medical Aid						
36. CHARGES PLACED				<input type="checkbox"/> DNA	37. CB NO.	IR NO.	<input type="checkbox"/> DNA					
REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S ACTIONS		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE			
	DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>	FLED	<input type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input type="checkbox"/>	ATTACK WITH WEAPON	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input type="checkbox"/>	WEAPON	<input type="checkbox"/>
	STIFFENED (DEAD WEIGHT)	<input checked="" type="checkbox"/>	PULLED AWAY	<input checked="" type="checkbox"/>	OTHER _____		ATTACK WITHOUT WEAPON	<input type="checkbox"/>	OTHER _____		OTHER _____	
	OTHER _____		OTHER _____				OTHER _____					
	MEMBER'S RESPONSE	MEMBER PRESENCE	<input checked="" type="checkbox"/>	OPEN HAND STRIKE	<input type="checkbox"/>	ELBOW STRIKE	<input type="checkbox"/>	KNEE STRIKE	<input type="checkbox"/>	FIREARM	<input type="checkbox"/>	OTHER _____
		VERBAL COMMANDS	<input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING	<input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>	KICKS	<input type="checkbox"/>			
		ESCORT HOLDS	<input checked="" type="checkbox"/>	OC CHEMICAL WEAPON	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>			
		WRISTLOCK	<input type="checkbox"/>	CANINE	<input type="checkbox"/>							
		ARMBAR	<input type="checkbox"/>	TASER (Probe Discharge)	<input type="checkbox"/>							
		PRESSURE SENSITIVE AREAS	<input type="checkbox"/>	TASER (Contact Stun)	<input type="checkbox"/>							
CONTROL INSTRUMENT		<input type="checkbox"/>	TASER (Laser Targeted)	<input type="checkbox"/>								
OC/CHEMICAL WEAPON W/AUTHORIZATION		<input type="checkbox"/>	TASER (Spark Displayed)	<input type="checkbox"/>	OTHER _____							
OTHER <u>LEG LOCK</u>			OTHER _____									
39. <input checked="" type="checkbox"/> DNA	40. ADDITIONAL INFORMATION											
POSITION	STAR NO.	UNIT										
41. WEAPON TYPE	<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED	<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS	<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS	CLEAR				
49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.						
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED						
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)								
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO									
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.									
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)									
70. EVENT NO.												
71. R.D. NO.												
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
73. SIGNATURES	73. REPORTING MEMBER (Print Name) <b>BARRAZA, MARIA I</b> <b>13-NOV-2014 05:43:35</b>		STAR/EMPLOYEE NO.	14804	SIGNATURE							
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.											
	74. REVIEWING SUPERVISOR (Print Name) <b>MULLINS, JAMES L</b>		STAR NO.	2601	SIGNATURE	DATE REVIEWED	TIME	13-NOV-2014 05:44:51				
CPD-1137 (REV. 10/07)												

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  UNABLE TO INTERVIEW (Specify Reason)

The subject stated, in summary but not verbatim, that he didn't think he did anything wrong. But if someone got hurt he wanted to apologize. He admitted that he had been drinking.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the Officer's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS  
WERE IN COMPLIANCE WITH DEPARTMENT  
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**CRAWFORD, PATRICK J**

SIGNATURE

DATE COMPLETED

TIME

**13-NOV-2014 05:46:12**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

<input type="checkbox"/> CASE REPORT	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT
<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CR INITIATION REPORT
	<input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	

80. TOTAL TRR's THIS EVENT No.

**5**

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>12-NOV-2014</b>		TIME <b>23:22:00</b>	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE <b>289</b>	4. BEAT/OCCUR <b>2431</b>		
MEMBER INVOLVED  SUBJECT INFORMATION  REASON FOR USE OF FORCE (Check all that apply)	5. POSITION <b>9171</b>	6. LAST NAME <b>JACKSON</b>	7. FIRST NAME <b>DAWN R</b>	8. STAR NO. <b>2202</b>	9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10. RACE CODE <b>BLK</b>	11. AGE [REDACTED]	12. HT. [REDACTED]	13. WT. [REDACTED]	
	14. DATE OF APPT. <b>30-JAN-1991</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>024 2430R</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. [REDACTED]	27. WT. [REDACTED]		
	28. SUBJECT'S ACTIONS  SUBJECT'S ACTIONS			29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]			34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED [REDACTED]	37. CB NO. [REDACTED]	IR NO. [REDACTED]	<input type="checkbox"/> DNA	
	38. SUBJECT'S ACTIONS  SUBJECT'S ACTIONS			39. MEMBER'S RESPONSE  MEMBER'S RESPONSE	40. ADDITIONAL INFORMATION  POSITION STAR NO. UNIT	41. WEAPON TYPE  01 REVOLVER 02 RIFLE 03 SHOTGUN 04 SEMI-AUTO PISTOL 05 CHEMICAL WEAPON 06 TASER (Probe Discharge) 07 OTHER	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS  01 Daylight 02 Night 03 Dawn 04 Dusk 05 Poor Artificial 06 Good Artificial	44. WEATHER CONDITIONS  <b>CLEAR</b>	
	45. MAKE/MANUFACTURER [REDACTED]			46. MODEL [REDACTED]	47. BARREL LENGTH [REDACTED]	48. CALIBER/GAUGE [REDACTED]				
	49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]			
	54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]			
	59. WHO FIRED FIRST SHOT 01 MEMBER 02 OFFENDER 03 OTHER (SPECIFY) [REDACTED]		60. WAS FIREARM RELOADED DURING INCIDENT 01 YES 02 NO [REDACTED]		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN 01 RT. SIDE (WAIST) 02 LT. SIDE (WAIST) 03 OTHER (Specify) [REDACTED]	63. HOW WAS MEMBER'S HANDGUN DRAWN 01 STRONG SIDE DRAW 02 CROSS DRAW [REDACTED]			
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS 01 YES 02 NO [REDACTED]								
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 01 0 - 05 FT. 02 05 - 10 FT. 03 10 - 15 FT. 04 OVER 15 FT. [REDACTED]						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON 01 PERSON 02 OBJECT 03 BOTH 04 UNKNOWN [REDACTED]				69. POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING 02 LYING DOWN 03 SITTING 04 KNEELING 05 OTHER (SPECIFY) [REDACTED]						
70. EVENT NO. [REDACTED]		71. RD. NO. [REDACTED]								
72. CASE INFO.  NOTIFICATIONS (OC OR TASER INCIDENT): NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73. REPORTING MEMBER (Print Name) <b>MULLINS, JAMES L</b> 13-NOV-2014 04:30:15		STAR/EMPLOYEE NO. <b>2601</b>	SIGNATURE [REDACTED]					
74. REVIEWING SUPERVISOR (Print Name) <b>MULLINS, JAMES L</b>		STAR NO. <b>2601</b>	SIGNATURE [REDACTED]	DATE REVIEWED <b>13-NOV-2014 04:37:31</b>		TIME				
CPD-1137 (REV. 10/07)										

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

The subject stated, in summary but not verbatim, that he didn't think he did anything wrong. But if someone got hurt he wanted to apologize. He admitted that he had been drinking.

### 76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the Officer's actions were in compliance with Department procedures and directives.

### 77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS  
WERE IN COMPLIANCE WITH DEPARTMENT  
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

### 78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CRAWFORD, PATRICK J

SIGNATURE

DATE COMPLETED

TIME

13-NOV-2014 04:42:39

### 79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

### ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT  
 ARREST REPORT

SUPPLEMENTARY REPORT  
 OFFICER BATTERY REPORT  
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT  
 CR INITIATION REPORT

### 80. TOTAL TRR's THIS EVENT No.

5

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>12-NOV-2014</b>		TIME <b>23:24:00</b>	2. ADDRESS OF OCCURRENCE				3. LOCATION CODE <b>289</b>	4. BEAT/OCCUR <b>2431</b>										
MEMBER INVOLVED  SUBJECT INFORMATION  REASON FOR USE OF FORCE (Check all that apply)	5. POSITION <b>9161</b>	6. LAST NAME <b>RITTER</b>	7. FIRST NAME <b>KATHRYN A</b>	8. STAR NO. <b>13154</b>	9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE	12. HT. <b>503</b>	13. WT. <b>135</b>									
	14. DATE OF APPT. <b>01-SEP-2010</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>024 2406R</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No												
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B.	26. HT. <b>508</b>	27. WT. <b>170</b>										
	28. DNA		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized		36. CHARGES PLACED		37. CB NO. [REDACTED] IR NO. [REDACTED] DNA									
	38. DNA		39. DNA		40. ADDITIONAL INFORMATION		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 01 Daylight <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>					
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		49. TASER DART ID NO. <b>C62004DVP</b>		50. WEAPON SERIAL NO. (Include Letters) <b>ZZX30063E</b>		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70. EVENT NO.			
	72. CASE INFO.		73. REPORTING MEMBER (Print Name) <b>RITTER, KATHRYN A</b> <b>13-NOV-2014 03:42:20</b>		STAR/EMPLOYEE NO. <b>13154</b>		SIGNATURE [REDACTED]		74. REVIEWING SUPERVISOR (Print Name) <b>MULLINS, JAMES L</b>		STAR NO. <b>2601</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>13-NOV-2014 03:50:57</b>		TIME	
71. R.D. NO. [REDACTED]																		
CPD-113-377 (REV. 10/07)																		

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  UNABLE TO INTERVIEW (Specify Reason)

The subject stated, in summary but not verbatim, that he didn't think he did anything wrong. But if someone got hurt he wanted to apologize. He admitted that he had been drinking.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the Officer's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS  
WERE IN COMPLIANCE WITH DEPARTMENT  
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**CRAWFORD, PATRICK J**

SIGNATURE

DATE COMPLETED

TIME

**13-NOV-2014 04:02:33**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

<input type="checkbox"/> CASE REPORT	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT
<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CR INITIATION REPORT
	<input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	

80. TOTAL TRR's THIS EVENT No.

**5**

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>12-NOV-2014</b>		TIME <b>23:22:00</b>	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE <b>289</b>	4. BEAT/OCCUR <b>2431</b>					
MEMBER INVOLVED  DNA  SUBJECT INFORMATION	5. POSITION <b>9161</b>	6. LAST NAME <b>SMART</b>	7. FIRST NAME <b>JESSICA L</b>	8. STAR NO. <b>4205</b>	9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10. RACE CODE <b>BLK</b>	11. AGE [REDACTED]	12. HT. <b>506</b>	13. WT. <b>150</b>				
	14. DATE OF APPT. <b>28-DEC-2009</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>024 2431R</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. <b>508</b>	27. WT. <b>170</b>					
	28. DNA		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> KNIFE/OTHER CUTTING INSTRUMENT <input checked="" type="checkbox"/> KNIFE/OTHER CUTTING INSTRUMENT		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]			34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED [REDACTED]			37. CB NO. [REDACTED]	IR NO. [REDACTED]		
	38. DNA		39. DNA		40. ADDITIONAL INFORMATION								
	REASON FOR USE OF FORCE (Check all that apply)		SUBJECT'S ACTIONS  MEMBER'S RESPONSE		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>OTHER</b>			
					45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]		
					49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]	
					54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]	
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER					60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)				
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW					64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]					67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]								
70. CASE INFO					71. RD NO [REDACTED]								
SIGNATURES					72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								
		73. REPORTING MEMBER (Print Name) <b>SMART, JESSICA L</b> 13-NOV-2014 04:09:01		STAR/EMPLOYEE NO. <b>4205</b>		74. REVIEWING SUPERVISOR (Print Name) <b>MULLINS, JAMES L</b> STAR NO. <b>2601</b>				DATE REVIEWED <b>13-NOV-2014 04:15:38</b>	TIME		
CPD-11377 (REV. 10/07)													

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  UNABLE TO INTERVIEW (Specify Reason)

The subject stated, in summary but not verbatim, that he didn't think he did anything wrong. But if someone got hurt he wanted to apologize. He admitted that he had been drinking.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the Officer's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS  
WERE IN COMPLIANCE WITH DEPARTMENT  
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**CRAWFORD, PATRICK J**

SIGNATURE

DATE COMPLETED TIME

**13-NOV-2014 04:45:14**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

<input type="checkbox"/> CASE REPORT	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT
<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CR INITIATION REPORT
	<input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	

80. TOTAL TRR's THIS EVENT No.

**5**

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>12-NOV-2014</b>		TIME <b>23:22:00</b>	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE <b>289</b>	4. BEAT/OCCUR <b>2431</b>		
MEMBER INVOLVED  DNA  SUBJECT INFORMATION	5. POSITION <b>9161</b>	6. LAST NAME <b>TIM</b>	7. FIRST NAME <b>JERAD</b>	8. STAR NO. <b>8432</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>API</b>	11. AGE [REDACTED]	12. HT. [REDACTED]	13. WT. [REDACTED]	
	14. DATE OF APPT. <b>01-SEP-2010</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>024 2406R</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. <b>508</b>	27. WT. <b>170</b>	
	28. DNA  SUBJECT'S ACTIONS		29. PHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED [REDACTED]	37. CB NO. [REDACTED]	IR NO. [REDACTED]	38. DNA  MEMBER'S RESPONSE	
	39. DNA  WEAPON DISCHARGE INCIDENT		40. ADDITIONAL INFORMATION							
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>OTHER</b>				
	45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]	48. CALIBER/GAUGE [REDACTED]				
	49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]			
	54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]			
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CATDRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)					
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]						
70. EVENT NO. [REDACTED]		71. R. NO. [REDACTED]								
72. CASE INFO.		NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								
SIGNATURES		73. REPORTING MEMBER (Print Name) <b>TIM, JERAD</b> <b>13-NOV-2014 03:47:09</b>		STAR/EMPLOYEE NO. <b>8432</b>	SIGNATURE [REDACTED]					
74. REVIEWING SUPERVISOR (Print Name) <b>MULLINS, JAMES L</b>		STAR NO. <b>2601</b>	SIGNATURE [REDACTED]	DATE REVIEWED <b>13-NOV-2014 03:51:57</b>		TIME <b>03:51:57</b>				
CPD-113-377 (REV. 10/07)										

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  UNABLE TO INTERVIEW (Specify Reason)

The subject stated, in summary but not verbatim, that he didn't think he did anything wrong. But if someone got hurt he wanted to apologize. He admitted that he had been drinking.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the Officer's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS  
WERE IN COMPLIANCE WITH DEPARTMENT  
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**CRAWFORD, PATRICK J**

SIGNATURE

DATE COMPLETED TIME

**13-NOV-2014 04:04:21**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

<input type="checkbox"/> CASE REPORT	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT
<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CR INITIATION REPORT
	<input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	

80. TOTAL TRR's THIS EVENT No.

**5**

## CHICAGO POLICE DEPARTMENT

## ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

## FINAL APPROVAL

CB #:

IR #:

YD #:

RD #:

EVENT #:

## ARREST REPORTING

OFFENDER	Name	Male Black 5' 08" 170 lbs Brown Eyes Black Hair Short Hair Style Light Brown Complexion	
	Res	Beat: 2411	
	DOB		
	AGE: 30 years		
	POB: Illinois		
	SSN: [REDACTED]		
ARMED WITH Lethal Cutting Instrument			

INCIDENT	Arrest Date: 12 November 2014 23:25	TRR Completed? Yes	Total No Arrested: 1	Co-Arrests	Assoc Cases
	Location	Beat: 2431		DCFS Ward ?	No
	289 - Residence Porch/Hallway				
	Holding Facility: District 020 Lockup	Dependent Children? No			
Resisted Arrest? Yes					

CHARGES	Victim			
	1	Offense As Cited	720 ILCS 5.0/31-1-A-7 RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR INJ Class 4 - Type F	Jackson, Dawn
	2	Offense As Cited	720 ILCS 5.0/12-2-C-1 AGG ASSAULT/USE DEADLY WEAPON Class A - Type M	[REDACTED]
	3	Offense As Cited	720 ILCS 5.0/21-1-A-1 CRIM DAMAGE TO PROPERTY <\$300 Class A - Type M	[REDACTED]
	4	Offense As Cited	720 ILCS 5.0/26-1-A-1 DISORDERLY CONDUCT - BREACH OF PEACE Class C - Type M	[REDACTED]

FELONY REVIEW	Felony Review : Approved	13 NOV 2014 07:32	Taczy, Craig	State's Attorney's Office

Print Generated By: HAYES, Shannon [REDACTED]

Page 1 of 6

powered by: CLE<sup>AR</sup> Technology

14 NOV 2014 09:50

CPD 0265676

RECOVERED  
NARCOTICS

NO NARCOTICS RECOVERED

WARRANT

NO WARRANT IDENTIFIED

## ARREST REPORTING

## VICTIM AND COMPLAINANT

Name: [REDACTED]	Beat: 2431	Male Black DOB: [REDACTED] Age: 47 years Comments: [REDACTED]	Injured? No Deceased? No Hospitalized? No Treated and Released? No
------------------	------------	---	---

## VICTIM AND COMPLAINANT

Name: JACKSON, Dawn Res: 6464 N Clark St Chicago, IL 60626 312-746-5907	Beat: 2432	Female Black DOB: [REDACTED] Age: [REDACTED] Comments: Sgt. Jackson Sustained An Injury To Her Head Attempting To Place The Offender Under Arrest.	Injured? Yes Deceased? No Hospitalized? Yes Treated and Released? Yes
--	------------	---	--

## NON-OFFENDER(S)

Name: [REDACTED]	Beat: 1524	Male Black DOB: [REDACTED] Age: 24 years Comments: [REDACTED]	Injured? No Deceased? No Hospitalized? No Treated and Released? No
------------------	------------	---	---

## WITNESS

Name: [REDACTED]	Beat: 2431	Male Black DOB: [REDACTED] Age: 48 years Comments: [REDACTED]	Injured? No Deceased? No Hospitalized? No Treated and Released? No
------------------	------------	---	---

## WITNESS

Name: [REDACTED]	Beat: 1531	Female Black DOB: [REDACTED] Age: 20 years Comments: [REDACTED]	Injured? No Deceased? No Hospitalized? No Treated and Released? No
------------------	------------	---	---

## ARRESTEE VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

**Confiscated Properties :**

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED]

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT [REDACTED] IN SUMMARY: A/O'S RESPONDED TO A CALL OF A ASSAULT IN PROGRESS. THE LISTED OFFENDER WAS ARRESTED ON SIGNED COMPLAINTS IN THAT HE THREATENED THE VICTIM WITH A BOX CUTTER WHILE BEING ESCORTED OUT OF THE APARTMENT KICKING AND SCREAMING, "I WILL KILL YOU." OFFENDER THEN CONTINUED TO KICK THE DOOR AFTER THE DOOR WAS CLOSED CAUSING DAMAGE TO THE FRAME AND COLUMN OF THE DOOR.

WHEN ATTEMPTING TO PLACE THE OFFENDER UNDER ARREST, THE OFFENDER BECAME RESISTANT, TIGHTLY CLASPING HIS HANDS AND SHOULDERS PULLING AWAY. A/O'S THEN PERFORMED AN EMERGENCY TAKE DOWN, WHICH CAUSE SGT JACKSON TO SUFFER A HEAD INJURY AND PO TIM A INJURY TO THE LEFT FOOT. AT THIS TIME, A TASER WAS DEPLOYED TO EFFECT THE ARREST.

CLEAR 2DA, GIPP AND INVESTIGATIVE WARRANTS.

DET HEERDT #20598, BT 5357; DET FRANCIS #21040, BT 5357.

COURT INFORMATION: BR 29-2 AT 0900HOURS, 24 DECEMBER 2014

INVENTORIES: [REDACTED]

COURT INFO

Desired Court Date: 19 November 2014

Branch: 42-4 2452 W BELMONT - Room

Court Sgt Handle? No

Initial Court Date: 14 November 2014

Branch: CBC-1 2600 S CALIFORNIA - Room100

Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL

**ATTESTING OFFICER:**

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #4205 SMART, J L [REDACTED] 13 NOV 2014 06:34

**ARRESTING OFFICER(S):**

1st Arresting Officer:	#4205 SMART, J L [REDACTED]	Beat
2nd Arresting Officer:	#14804 BARRAZA, M I [REDACTED]	2431R

**APPROVING SUPERVISOR:**

Approval of Probable Cause : #1345 CHRISTIAN, A T [REDACTED] 13 NOV 2014 06:55

## ARREST PROCESSING REPORT

LOCKUP KEEPER PROCESSING

INTERVIEW LOG

VISITOR LOG

Holding Facility: District 020 Lockup  
 Received in Lockup: 13 November 2014 08:19  
 Prints Taken: 13 November 2014 08:14  
 Palmprints Taken: Yes  
 Photograph Taken: 13 November 2014 08:32  
 Released from Lockup:

Time Last Fed: 13 November 2014 08:45  
 Time Called: Phone#:  
 Cell #: 9 - Placed in one person cell  
 Transport Details : 2PO 2472R 12-NOV-2014 23:56

## VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? No  
 Is there obvious signs of infection? No  
 Under the influence of alcohol/drugs? No  
 Signs of alcohol/drug withdrawal? No  
 Appears to be despondent? No  
 Appears to be irrational? No  
 Carrying medication? No

## ARRESTEE QUESTIONNARIE

Presently taking medication? No  
 (if female)are you pregnant? No  
 First time ever been arrested? No  
 Attempted suicide/serious harm? No  
 Serious medical or mental problems? No  
 Are you receiving treatment? No  
 Transgender/intersex/gender non-conforming? No  
 Deaf/hard of hearing-request interpreter for court? No  
 Interpreter needed? (indicate language) No

## RETURN TO HOLDING FACILITY COMMENTS:

## QUESTIONNAIRE REMARKS:

## LOCKUP KEEPER COMMENTS:

13 NOV 2014 12:38 11463 PIERSON, Paul L [REDACTED] Fed At This Time  
 13 NOV 2014 13:57 POST, Thomas H [REDACTED] 1330 Hrs - The Above Arrestee Related To R/O That He Was Not Diagnosed With Any Medical Or Mental Condition As Well As Not Prescribed Any Medication.  
 13 NOV 2014 13:57 POST, Thomas H [REDACTED] 1335 Hrs - Fed At This Time.  
 13 NOV 2014 21:56 9719 MCCRAY, Clarence [REDACTED] Arrestee Fed And Given Mattress Pad.

## EMERGENCY CONTACT

Name : [REDACTED] Beat:

NO INTERVIEWS LOGGED

NO VISITORS LOGGED

MOVEMENT LOG INFORMATION NOT AVAILABLE

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

## ARRESTEE PROCESSING PERSONNEL:

Beat

Searched By:	#3038	MULDER, R S		
Lockup Keeper:	#11463	PIERSON, P L		
Assisting Arresting Officer:	#13154	RITTER, K A		2406R
Assisting Arresting Officer:	#2202	JACKSON, D R		2410R
Assisting Arresting Officer:	#8432	TIM, J		2406R
Fingerprinted By:	#3038	MULDER, R S		
Detective :	#21040	Francis Jr, Nei	13 NOV 2014 06:42	5357

## APPROVAL PERSONNEL:

Beat

Final Approval of Charges :	#2620	SAMPSON, W F	13 NOV 2014 11:56
-----------------------------	-------	--------------	-------------------

# EVIDENCE<sup>®</sup> SYNC™ OFFLINE

## DEVICE REPORT

**ECD Information****Model #:** TASER\_ECD\_X2**Serial #:** ZZX30063E**Firmware Version:** FWBundle Rev. 03.033**Device Health:** Good**Offline Report****Date:**

13 Nov 2014 02:51:49

**Local Timezone:**

Central Standard Time (UTC -6:00)

**Event Log**

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
11/13/2014 04:20:44	11/12/2014 22:20:44	Armed	C1: Empty C2: Empty		28°C 25°C	41% 41%
11/13/2014 04:20:45	11/12/2014 22:20:45	Arc	C1: Empty C2: Empty	1s 1s		41% 41%
11/13/2014 04:20:45	11/12/2014 22:20:45	Safe	C1: Empty C2: Empty	1s 1s	28°C 25°C	41% 41%
11/13/2014 05:23:06	11/12/2014 23:23:06	Armed	C1: 25' Standard C2: 25' Standard		18°C 18°C	41% 41%
11/13/2014 05:23:25	11/12/2014 23:23:25	Safe	C1: 25' Standard C2: 25' Standard	10s 10s	20°C 20°C	41% 41%
11/13/2014 05:24:09	11/12/2014 23:24:09	Armed	C1: 25' Standard C2: 25' Standard		21°C 21°C	40% 40%
11/13/2014 06:24:23	11/12/2014 23:24:23	Trigger	C1: Deployed	5s		40% 40%
11/13/2014 05:24:50	11/12/2014 23:24:50	Safe	C1: Deployed C2: 25' Standard	41s 41s	24°C 24°C	40% 40%
11/13/2014 05:27:35	11/12/2014 23:27:35	Armed	C1: Deployed C2: 25' Standard		23°C 23°C	40% 40%
11/13/2014 05:27:42	11/12/2014 23:27:42	Safe	C1: Deployed C2: 25' Standard	7s 7s	24°C 24°C	40% 40%
11/13/2014 08:45:02	11/13/2014 02:45:02	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		25°C 25°C	0% 0%
11/13/2014 08:45:05	11/13/2014 02:45:05	Time Sync		11/13/2014 02:45:05 to 11/13/2014 02:46:04		